

SOUTH DAKOTA BOARD OF MASSAGE THERAPY

PO Box 1062
Sioux Falls, South Dakota 57101-1062
605/271-7103
www.massage.sd.gov

Application for ANNUAL LICENSE RENEWAL

Non-Refundable Renewal Fee of \$65 must Accompany Renewal Form

DUE BY THE DATE ON THE LABEL ABOVE

Type or Print CLEARLY

NAME _____			
LAST	FIRST	MIDDLE	
MAILING ADDRESS _____			
CITY	STATE	ZIP CODE	
HOME PHONE	WORK PHONE	CELL Phone	EMAIL ADDRESS
NAME & ADDRESS OF BUSINESS, IF ANY, WHERE YOU PRACTICE MASSAGE THERAPY:			

PHYSICAL ADDRESS _____			
CITY	STATE	ZIP CODE	
I practice massage therapy: Full Time / Part Time (circle one -- For Dept of Labor Statistics)			
License Number: _____		Social Security # _____	
(will not be asked again after this renewal period)			

MALPRACTICE or PROFESSIONAL LIABILITY INSURANCE COVERAGE of at LEAST \$250,000 is REQUIRED for LICENSURE. Enclose a COPY of the DECLARATION PAGE or CERTIFICATE of INSURANCE. (Do not send a copy of your association membership or business insurance.)

No renewal will be issued without correct proof.

I have / have not (CIRCLE ONE) been convicted of, pled guilty to, or pled no contest to, an offense in this calendar year that could have resulted in incarceration for more than a year.

I have / have not (CIRCLE ONE) had a license denied, revoked, suspended, or otherwise acted against for any reason in another state, territory, or in South Dakota, in this calendar year.

I have / have not (CIRCLE ONE) been disciplined by any licensing or certification board or by any professional massage therapy organization in this calendar year.

I am / am not (CIRCLE ONE) \$1,000 or more behind in child support payments.

...more, over...

ANNUAL LICENSE RENEWAL

CONTINUING EDUCATION REPORTING

Your next Renewal Form will include this CE Reporting box where you will: **Document a minimum of 8 contact hours of your massage therapy related CE earned during the two years of your licensure and enclose COPIES of the Certificates (proof) of Attendance.**

20:76:03:04. Qualifying activities. A qualifying activity is any course with a clear purpose and objective which maintains, improves, or expands the skills and knowledge relevant to the licensee's field of practice. Self-study activities include internet courses, reading books or articles, or video/audio tapes and are not allowed unless testing or examination with formal, recorded passing scores are obtained. Contact hours must be obtained in qualifying activities related to the licensee's profession. (No more than 4 CE hours by electronic means.)

20:76:03:05. Record keeping. The licensee shall maintain records to support credits claimed. These records must be maintained for two years after the date of renewal. A licensee shall keep the following records:

(1) A brochure or flyer showing the type of activity, sponsoring organization, location, duration, instructor's or speaker's name, and contact hours earned; and

(2) Attendance verification records in the form of completion certificates or other documents supporting evidence of attendance.

DO YOU AGREE TO DEMONSTRATE PROFESSIONAL CONDUCT AT ALL TIMES WHILE LICENSED AS A MASSAGE THERAPIST? ☐ YES ☐ NO

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE LICENSEE AND THAT ALL INFORMATION SUBMITTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE OR INCORRECT INFORMATION, OMISSIONS, INACCURACIES OR FAILURES TO MAKE FULL DISCLOSURES MAY RESULT IN THE CANCELLATION OF OR DENIAL OF A LICENSE ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. I AGREE ALL INFORMATION IN THIS APPLICATION CAN BE VERIFIED AND INVESTIGATED. I HAVE READ, AND AM FAMILIAR WITH THE SOUTH DAKOTA CODIFIED LAWS REGULATING MASSAGE THERAPY AND HEREBY AGREE TO ABIDE BY SUCH LAWS.

DATED THIS _____ DAY OF _____, 2008.

LICENSEE'S SIGNATURE

DID YOU....

- ✓ ***attach a payment of \$65 for license renewal made payable to SD Board of Massage Therapy (or SDBMT)?***
- ✓ ***attach a copy of your proof of insurance and other paperwork as applicable?***
- ✓ ***sign and date this renewal form?***
- ✓ ***fully complete this form so there's NO DELAY in your renewal?***
- ✓ ***mail in time to beat the deadline and \$75 LATE PENALTY?***